PanFlu Advisory Group Meeting Minutes
January 9, 2007

Diane Woolard – VDH Epidemiology

Updated numbers to table; H5N1 still showing up. Number of human cases has grown to 261 since September 2006 (up 120 over last year). Indonesia and Egypt have most. Case fatality rate going up. No spread to other countries, though.

Dr. Lisa Kaplowitz – VDH EP&R Deputy Commissioner

Increase in poultry in Vietnam. Update on new group antiviral agents. Hospitals have been purchasing to treat health care providers so they can come to work. States can now stockpile. Federal government will eventually have 81 million courses to be distributed to states by population. There's a 25 percent discount to states when purchased through federal contract (Roche and Glaxo-Smith Kline are suppliers). VA will get about 773,000 courses and has requested extra. Goal is to have enough antiviral with state stockpile and state component of federal stockpile to treat 25 percent of Virginia's population. We received our 1st order in November and anticipate delivery in 1Q07 (Tamiflu & relenza). Working on storage issues and distribution plan. Used for treatment not prophylaxis. The 1st group has met to discuss using pharmacy channels in VA, but other distribution channels are also being discussed. Developing the initial plan is a challenging work-in-progress. How do we document who's actually ill? Can't test everyone in a pandemic. VA is one of the first states to put in an order for antiviral agents. HHS Secretary has advised the Governor on this issue, and Governor made decisions to purchase antivirals and put through request to the General Assembly as appropriate, as well.

Sara Wilson – VA DHRM

Policies circulated regarding public health emergency leave. 29 agencies have responded. Cost is an issue. Proposed policy is to give 80 hours paid leave to employees, including wage, during a declared public health emergency. Policy will have to be reviewed again. Secretariats now have it, and Attorney General will also review. DHRM hopes to have policy in effect by end of March '07.

Nancy Maiden – VA State Police

Are there provisions for employees under order for quarantine? Does that count against the 80 hours?

Sara

Yes; it's included in policy. Each agency's HR directors have received copies of policy. Fiscal impact decisions will have to be made in an emergency. Risk is people who need money and come to work when ill.

Larry Land – VA Assn. of Counties

Mirrored in localities?

Sara

No expectation but certainly ok and want to hear suggestions.

Adjunct work force – working with VDEM to determine what jobs are needed and to put together a list of people interested in filling in for sick workers. VERT agencies were asked to define skills and how force would be deployed – matching right people with position requirements. Agencies can put this in the Employee Work Profile.

Lynne Deane – UR Student Health

How is this "incentivized?"

Sara

This would be an adjunct work force. People volunteer all the time, and DHRM and VERT agencies are trying to corral that spirit and energy.

Kevin Harlen – Northern VA Hospital Alliance

Is state able to contract through private sector to fill in after adjunct work force exhausted?

Sara

Should be working with other states.

Steve Gravely – Troutman Sanders

Governor has the authority to work with private industry in a declared public health emergency; part of the Stafford Act.

Sara

Emergency has to actually be declared.

Bill Armistead – VA DHMHMRSS

Are there incentives for employees coming to work (risk/fear of catching flu)?

Sara

Have flexibility; can give reward and recognition bonus, but remember, it sets a precedent. Forecast on funding implications. Policies do exist.

Bob Mauskapf – VDH EP&R State Planner

Have been circulating weekly activity reports on PanFlu for past 38 weeks; transitioning to a monthly report in '07. Reports are posted on VDH's PanFlu website (http://www.vdh.virginia.gov/PandemicFlu/index.asp).

Held Pandemic Flu exercise (FLUEX) in October '06 with State and local EOCs, hospitals, response communities and other VA agencies. Covered stockpile, quarantine, response, command and control, mass fatality planning. PSAs, prescripted with consistent, correct messages. Continuity of ops. Federal assistance. Stockpile requirements. Coordination with behavioral health. Hospital surge – make sure private health care is engaged in process. Antiviral distribution. Coordination with localities for casualties. School closures. Public event cancellations. Environmental health (restaurants). Drinking water. Monitor MRS and volunteer resources. Internal COOP. Isolation and quarantine – established a virtual courtroom as part of exercise (including judges, bailiffs, attorneys, defendants, etc.). Still missing private sector participation; how do we outreach to them?

We're developing a set of decision matrices that include who will make decisions (Governor, local, etc.). Also thinking about what are essential services that need to be provided by agencies; who are essential personnel.

Stockpile has been rated green for last three years. Web EOC is tracking events. Relationship between State EOC and VDH ECC.

Office of Commonwealth Preparedness developing state plan (non-health) with VDEM. VDH participating in writing Executive Summaries for HHS (antivirals, mass vaccinations, closures, COOP, fatality management, medical surge, public communication, surveillance/lab, economic impacts). National Governors' Association also planning regional PanFlu exercises in the next year.

Bob Crouch – VA Office of Commonwealth Preparedness

George Roarty (VDEM) is leading work group consisting of multiple disciplines. All members of Governor's Cabinet need to be engaged in process. Effort has been embraced and supported in creating Cabinet-level committee for plan; Cabinet-level exercise also being planned for the spring of this year.

Bob M.

Thematic areas to explore – economic sustainment; agriculture and food chain. Timeline – by mid-February, Cabinet will review executive summaries submitted to HHS and a recommendation to Governor made by mid-summer.

Event cancellation – what goes into decision/declaration?

MOAs established for stockpile; started with the Department of Corrections.

Kevin –

Just a comment – a good way to reach private sector, beyond health, is through hospitals Boards of Directors (many members come from private industry, as well as health).

George Roarty – VDEM – OCWP PanFlu Planning Sub Group

Composition and non-health elements. Broad spectrum of agencies; still thinking of adding Social Services, Mental Health and Corrections. Initial meeting held a month ago; general focus. Looked at PanFlu annex, HR, IT issues/challenges. A week later, HHS provided template for March submission.

Education currently finalizing general policies; closures would be localities' call but state can help facilitate. Has to be a collaborative effort. Policies should be public within a few weeks.

Continuity of Ops – focus is on what state can provide (info and support). State already providing assistance; need to enhance and tailor for PanFlu. 17 sectors; 1st 11 are existing functions in EOC. Way to reach out to private sector; SCC is lead for energy/telecom. VDOT coordinating critical infrastructure; working with them on PanFlu initiatives.

Economy/Trade & Business – private sector employees' assistance; how do we package it?

DHRM has done great job guiding agencies for state employee assistance; still need to look at how HR can be incorporated in EOC for personnel issues.

Public Safety – VSP has comprehensively looked at their ops. Identified essential functions in terms of 10, 20, 30 percent, etc., loss in personnel and has set up a plan to deal with those functions. VSP works well with all their partners at federal and local levels.

Agriculture/Food – key issues are training and funding. Communication strategy and reporting systems with USDA already in place. 2002 Avian outbreak – USDA has approx. 200,000 employees in VA to eradicate infected chickens; resources today would probably not be as extensive.

Other issues include private sector assistance – Stafford Act. Expect to have draft PanFlu plan around March 1, then finalize in June. Nancy Thompson – disaster planning paradigm shift. Proactive actions taken in advance?

Larry Land – VaCO

Hope there's thought given to laying foundation for state/local coordination.

Dr. Kaplowitz

VaCO and VML are great partners.

Marcella Fierro – VDH Chief Medical Examiner

Mortality management. There will be pain and suffering from loss as well as from the flu itself. Need to have handle for planning. With a population of 192,000 in Richmond, a mid-level flu event would result in about 115 deaths; an attack rate of 35% would result in additional 293 deaths, and over a period of about 6 months, additional 59 people would die per week. Can the city handle these numbers in their 15 funeral homes?

Core recommendation for localities is to regionalize. Localities should know their partners. Identify transportation and buildings that can be cooled for body storage.

OCME's role, under Title 32.1 – 283 in the Code of Virginia – medical and legal investigation of deaths in VA that are sudden and in good health, violent, terrorist-related, in jail or mental health facilities. If disease is naturally occurring, even in PanFlu, deaths would not fall under OCME. Some ME case examples are smallpox (considered homicide because deliberately spread); flu death in a poultry worker or their family; VA native travels elsewhere and contracts PanFlu; 1st diagnosed case in a hospital needing identification as PanFlu.

Health Commissioner determines isolation and quarantine, but if someone dies in either case, circumstances are suspicious, would go to the ME.

Handling of dead bodies – should be no more infectious; needs to be put in body bag; don't want to breathe in large amounts.

Certificate of Death signatures – doctor or his/her designee who treated within 24 hours can sign. Certificate must be returned to funeral director. Vital Records needs to process quickly so families can get insurance benefits, probate wills, etc. ER physician can also sign if satisfied of cause during exam/record review. Chief Medical Officer of facility can sign, as well as physician who performed autopsy.

OCME partners include EMS, law enforcement, epidemiologists.

Best way to manage bodies is locally, especially if have been identified. If haven't, call police to come in; can fingerprint, circulate picture. If unidentified after several days, ME will take them. Long-term process – ME can obtain dental or medical records; need mechanism for monitoring persons reported as missing to help with body identification.

Steve Gravely – Troutman Sanders

Alternative standards of care – process relative to bigger picture. Two key themes – private sector engagement and interdependencies.

Setting the stage for the 1st wave, possibly a 2nd wave. 10 percent of population sick, 30-40% of hospital staff out. Surge in demand and critical resource shortages (antivirals, staff, blood, etc.). Facilities at capacity. Care will be delivered and resources allocated differently.

AHRQ (Agency for Healthcare Research and Quality group under HHS) published a document for alternate resources; target audience was planners (planning assumptions, etc.). Key themes were regional coordination/cooperation, proactive planning, communication among constituents, legal/ethical issues. All hazards approach.

Where is VA? VDH has contractual relationship with VHHA. Process point of view – invited health care for diverse work group with government sectors. External forces will make decisions that impact process (legislators) so we wanted to be able to participate; developed position papers. What can we do to anticipate and prepare? Standards and algorithms being developed. Programmatic response, process – guide hospitals, critical resources will vary among facilities AND during events.

Response plan is triggered before gubernatorial declaration. Definitions are consistent with Title 44. Document is divided into three section (pre-, inter- and post-event). Pre-event is right now. Vulnerability analysis. Establish baseline ethical issues (denial of care, life support equipment decisions). Educate employees, public at some point in plan.

Inter-event – things come up that haven't thought of pre-event. Develop key group that can be called upon in crisis to make decisions; how do you stand down after event is over.

Post-event – providers and survivors will need support after-action response – may need to get ready for the next wave; basic continuity planning, risk management.

Document will continue to be tweaked and will be distributed to PanFlu Advisory Group.

Kevin

Scope of practice question – triage, licensure issues.

Steve

Self-practice rules being worked on.

Winnie Pennington – VDH OEMS Planner

Provisions to address hospitals and emergency services personnel in field?

Steve

Same issues for EMS as hospital staff (increased need vs. shortages). Can make compelling argument that message go out at beginning, "don't go to hospital" but have to have alternatives. Also have to have working telecom, power, etc., for telemedicine.

Diane Helentjaris – VDH Lord Fairfax Health District Director

Lord Fairfax planning activities (five northern-most counties in Central Shenandoah). District serves 185,282 population (five counties and 1 city government). District's size is 1.4 times the population and 100 times the area of Alexandria Health District. Transportation is a barrier. Mis-match between needs and services in district. Lower income, education and literacy levels. Media market very limited. Many counties in district have service shortages even without a crisis situation. Have to address valid/"invalid" concerns. Five counties considered part of Washington/Baltimore metro area. Concern is that people will come to the Valley from D.C. during a terrorist event. One resident actually contracted Anthrax in 2001.

District is bordered by W.Va., so they share resources. Avian flu is of greater concern to district since rural area. Can't predict what staff will work during a pandemic (because of scheduling, etc.), so everyone must be prepared (not just district staff, but law enforcement and other partners). Held quad-state event with WV, PA and MD. Going to be doing education for chicken owners and will focus on isolation and quarantine for district residents.

Bill Armistead

Is cock fighting still a concern?

Diane H.

Not illegal to own them, but the most prominent/active owner has moved from the district.

Diane Powers – VDH Communications Director

Goal is to phase in a family of communications products. Spanish, Russian, Farsi and Tagalog (Filipino derivative) are the fastest-growing spoken languages in VA. Tailoring CDC/USHHS message maps for Virginians. Developed PanFlu brochures, posters, web site, stickers for kids, technical assistance materials for media, faith leaders and school superintendents. Developing "talking" posters to distribute to Dept. of Education and libraries. Tailoring images and text for a variety of concepts, audiences; low-cost methods.

People are better able to internalize messages if they're based on things/stories they've heard as children when felt safe and comfortable.

Dr. Kaplowitz – Wrap-Up

We take this all very seriously, and it is definitely a work in progress.

Masks are a huge issue. What are issues that need to be addressed?

Lynne Deane – UR Medical Director

UR provided flu shots to employees but excluded children because they took the recommendation circulated about whom should get shots literally; don't make the mistake of excluding groups.

Diane Woolard

Last item on recommendation list is "anyone who wants it;" impressed that organization is giving to employees; they're already going above what others are doing.

Lynne Ramsey or Nancy Maiden – VA State Police

Mortality rate is 40% for H5N1. What impact are we going to see in terms of mortality rate for PanFlu?

Dr. Kaplowitz

Mortality rate will not be 60%; influenza tends to target the respiratory system. It is anticipated that if the virus mutates to be spread easily person to person, then mortality rate will fall significantly.

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